

FOR IRB USE ONLY		ILLINOIS RACING BOARD		DRIVERS LICENSE	
LICENSE#:		Suite 7-701 James R. Thompson Center Chicago, Illinois (The application fee is NOT refundable) IMPORTANT NOTICE: This state agency is requesting disclosure of info that is necessary to accomplish the statutory purpose as outlined under the Illinois Horse Racing Act, Section 15. Disclosure of this information is REQUIRED . Failure to provide complete information may result in your license not being issued or renewed. The application fee is not refundable and is to be submitted only if you are participating in a race meeting within the calendar year.		LIC #.	
DATE:				STATE	
LICENSE CLERK:				VEHICLE INFORMATION	
TRACK:				MAKE:	
				PLATE #:	
License Year 2011		LICENSE APPLICATION FORM		<input type="checkbox"/> NEW APPLICANT	
				<input type="checkbox"/> RENEWAL	
		<input type="checkbox"/> HARNESS		<input type="checkbox"/> QUARTER HORSE	
				<input type="checkbox"/> THOROUGHBRED	

LICENSE AS:				\$25 FEE				\$15 FEE				\$10 FEE				\$ 5 FEE			
<input type="checkbox"/> OWNER	<input type="checkbox"/> APPRENTICE	<input type="checkbox"/> JOCKEY	<input type="checkbox"/> TOTALISATOR EMP	<input type="checkbox"/> APPRENTICE	<input type="checkbox"/> OFF	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> ANIMAL	<input type="checkbox"/> PONY PERSON	<input type="checkbox"/> HOTWALKER										
<input type="checkbox"/> TRAINER	<input type="checkbox"/> JOCKEY	<input type="checkbox"/> AGENT	<input type="checkbox"/> AUTHORIZED	<input type="checkbox"/> BALCKSMITH	<input type="checkbox"/> TRACK	<input type="checkbox"/> TRAINER	<input type="checkbox"/> HEALTH	<input type="checkbox"/> HELPER HELPER	<input type="checkbox"/> GROOM										
<input type="checkbox"/> DRIVER	<input type="checkbox"/> OWNER/ASST	<input type="checkbox"/> RACING	<input type="checkbox"/> AGENT	<input type="checkbox"/> VENDOR	<input type="checkbox"/> STABLING	<input type="checkbox"/> VETERINARIAN	<input type="checkbox"/> TECH	<input type="checkbox"/> EXERCISE PERSON	<input type="checkbox"/> NO FEE										
<input type="checkbox"/> JOCKEY	<input type="checkbox"/> TRAINER	<input type="checkbox"/> OFFICIAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> BLACKSMITH	<input type="checkbox"/> CENTER	<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> OTHER	<input type="checkbox"/> FOREMAN	<input type="checkbox"/> RACETRACK EMPLOYEE										
<input type="checkbox"/> INTERTRACK EMPLOYEE	<input type="checkbox"/> BUSINESS AGENT	<input type="checkbox"/> VETERINARIAN	<input type="checkbox"/> OTHER									<input type="checkbox"/> OTHER							

2. NAME: LAST FIRST M.I. (MAIDEN)				3. SOCIAL SECURITY NUMBER																		
4. HAVE YOU EVER HAD ANY LICENSE, OF ANY TYPE DENIED, SUSPENDED OR REVOKED BY ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM ANY RACETRACK BY A RACING ASSOCIATION OFFICIAL?				10. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY																		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<table border="1"> <thead> <tr> <th>YEAR</th> <th>POSITION</th> <th>EMPLOYER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				YEAR	POSITION	EMPLOYER												
YEAR	POSITION	EMPLOYER																				
5. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR ANY CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING DRIVING UNDER THE INFLUENCE OF ALCOHOL				11. YOUR TRAINER'S NAME:																		
<input type="checkbox"/> Yes <input type="checkbox"/> No				12. NAME YOU WISH TO RACE UNDER. LIST STABLES AND PARTNERSHIPS UNDER WHICH YOU ARE RACING:																		
6. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE INCLUDING DRIVING UNDER THE INFLUENCE?				13. OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED																		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<table border="1"> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>																		
7. HAVE YOU EVER BEEN THE SUBJECT OF ANY RULE VIOLATION IN ANY RACING JURISDICTION WHERE YOU WERE FINED MORE THAN \$250.00 OR (JOCKEY'S ONLY) SUSPENDED FOR RIDING VIOLATIONS OF 9 DAYS OR MORE?				14. VENDOR'S FEDERAL TAX NUMBER:																		
<input type="checkbox"/> Yes <input type="checkbox"/> No				15. VETERINARIAN'S IL D.P.R. NUMBER:																		
8. HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY: (A) EVER BEEN EMPLOYED BY OR ASSOCIATED WITH A BOOKMAKER OR ANY GAMBLING OR ILLEGAL ESTABLISHMENT, OR (B) EVER OWNED OR OPERATED A HANDBOOK OR OTHER ILLEGAL ESTABLISHMENT?				EXPIRATION DATE:																		
<input type="checkbox"/> Yes <input type="checkbox"/> No				16. HARNESS ONLY: U.S.T.A. ID NUMBER:																		
9. HAVE YOU EVER BEEN LICENSED IN ANY STATE UNDER A DIFFERENT NAME?				<input type="checkbox"/> Yes <input type="checkbox"/> No																		
IF YOU ANSWERED "YES" TO QUESTIONS 4 THRU 9, GIVE THE YEAR, STATE, RACETRACK AND DETAILS OF THE INFRACTION ON BACKSIDE:																						
ADDITIONAL SPACE ON BACKSIDE TO ANSWER 4 THRU 13																						

17. ADDRESS (MAILING)					27. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)					28. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:	
18. TELEPHONE (HOME)		29. SPOUSE'S FULL NAME:				
(MOBILE)		30. ALIEN STATUS (CHECK ONE) <input type="checkbox"/> USA CITIZEN				
		<input type="checkbox"/> USA NATURALIZED CITIZEN (ID #)				
		<input type="checkbox"/> PERMANENT RESIDENT (ID #) Exp:				
		<input type="checkbox"/> TEMPORARY RESIDENT (PERMIT #)				
19. DATE OF BIRTH 20. SEX 21. HEIGHT 22. WEIGHT 23. HAIR					31. IN CASE OF AN EMERGENCY, CONTACT:	
24. EYES		25. SCARS, MARKS, TATTOOS		26. PLACE OF BIRTH		NAME: PHONE:

ADDITIONAL SPACE TO DETAIL ANSWERS FROM QUESTIONS 4 THRU 13. PLEASE INDICATE THE QUESTIONS NUMBER ANSWERED

I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD (11 ILLINOIS ADMINISTRATIVE CODE).		
UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND THEREBY.		
IMPORTANT		
THE BOARD MAY REFUSE TO ISSUE OR MAY SUSPEND THE OCCUPATION LICENSE OF ANY PERSON WHO FAILS TO FILE A RETURN, OR TO PAY THE TAX, PENALTY OR INTEREST, AS REQUIRED BY ANY TAX ACT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF REVENUE UNTIL SUCH TIME AS THE REQUIREMENTS OF ANY SUCH TAX ACT ARE SATISFIED		
APPLICANT'S SIGNATURE		DATE
TRAINER'S SIGNATURE		TRAINER'S NAME (PRINT)
NOT REQUIRED FOR OWNERS		DATE
X	X	X
STATE VETERINARIAN	TRACK MANAGEMENT	OUTRIDER

DENIED		
WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE DENIED FOR THE YEAR 2011:		
STATE STEWARD	STATE STEWARD	ASSOCIATION STEWARD
APPROVED		
WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE APPROVED FOR THE YEAR 2011:		
STATE STEWARD	STATE STEWARD	ASSOCIATION STEWARD